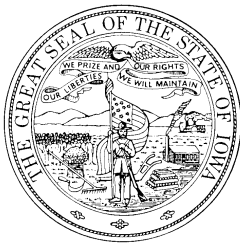
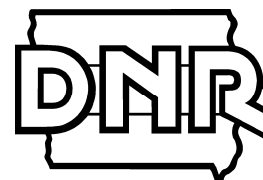


☐ **Permit Amendment**

# Waste Tire Processor

# PERMIT APPLICATION FORM 50T



**For questions concerning this application please contact the Department at (515) 281-3302.**

**▼ FOR IDNR ACCOUNTING USE ONLY ▼**

**CASHIER'S OFFICE:**

## SECTION 1. FACILITY CONTACT INFORMATION

<b>Facility Name/Address:</b>          <b>Phone #:</b> <b>Fax #:</b>	<b>Site Legal Description:</b>          
	<div style="text-align: center;">             ____ ¼ of ____ ¼ of ____ ¼ Section ____              Township ____ N Range ____ E/W County ____           </div>
<b>Name/Address of Responsible Official:</b>          <b>Phone #:</b> <b>Fax #:</b>	<b>Facility Owner/Address:</b>          <b>Phone #:</b> <b>Fax #:</b>
<b>Name of Facility Operator:</b>          <b>Phone #:</b> <b>Fax #:</b>	<b>Name/Address of Design Engineer (P.E.), if any:</b>                    <b>License #:</b>          <b>Phone #:</b> <b>Fax #:</b>

## **SECTION 2. SITE INFORMATION**

Days and hours of operation of the facility:	<b>Open to the public?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe general processing equipment type/purpose:	
Describe hourly processing capacity of equipment in tires/tons of material: <i>(include copies of manufacturer specification , if available)</i>	
Describe types of processed material to be produced:	

## **SECTION 3. PERMIT APPLICATION CHECKLIST**

Checking the appropriate boxes below certifies that the documents submitted in conjunction with this application form are complete and in compliance with the applicable chapters of the Iowa Administrative Code. While some of the documents below may have been submitted previously, updated copies of each is required to be provided with each permit renewal application. One (1) copy of each document shall be submitted. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents			Attached
Section A.	<b>Executive Summary (<i>permit renewals only</i>)</b> <ul style="list-style-type: none"> <li>Summary of modifications, if any, to the facility that occurred during the current permit cycle.</li> <li>Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.</li> <li>Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed.</li> <li>Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any.</li> </ul>		<input type="checkbox"/>
Section B.	Site Map or Aerial Photograph	IAC 567 117.6(1)“i”(4)	<input type="checkbox"/>
Section C.	Proof of Ownership/Local Zoning Requirements	IAC 567 102.12(9)	<input type="checkbox"/>
Section D.	<b>Storm Water Discharge Requirements</b> <ul style="list-style-type: none"> <li>Document compliance with state and federal storm water discharge requirements by contacting the Department at (515) 281-7017 or <a href="http://www.iowadnr.com/water/stormwater/index.html">http://www.iowadnr.com/water/stormwater/index.html</a></li> </ul>	IAC 567 64.3(455B)	<input type="checkbox"/>
Section E.	Organizational Chart	IAC 567 102.12(5)	<input type="checkbox"/>
Section F.	Market Demand Justification	IAC 567 117.6(4)“e”	<input type="checkbox"/>
Section G.	Site Design Plan	IAC 567 117.6(2)	<input type="checkbox"/>
Section H.	Site Operation Plan	IAC 567 117.6(3) through IAC 567 117.6(6)	<input type="checkbox"/>
Section I.	Emergency Response and Remedial Action Plan	IAC 567 117.6(1)“i”(6)	<input type="checkbox"/>
Section J.	Site Closure Plan	IAC 567 117.6(1)“i”(5)	<input type="checkbox"/>
Section K.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 117.6(1)“i”(8)	<input type="checkbox"/>
<b>Applicant Permit Fee</b>			
Appendix	Processing permits shall have an annual fee of \$850, payable to the Iowa Department of Natural Resources upon application for a permit, and due annually beginning each July 1 thereafter.	IAC 567 117.6(1)“i”(7)	<input type="checkbox"/>

#### SECTION 4. APPLICANT CERTIFICATION

##### **CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the construction and operation of the above described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file in its office; and in accordance with conditions imposed in the permit issued by the Iowa Department of Natural Resources.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_